

FORM 5A AND 5B: PROVIDER AND PSC PROVIDER AGREEMENT INSTRUCTIONS

First Steps Provider Number

Located in the Header in the following format: FS-_____. If you are a current provider renewing your enrollment, enter your current Provider ID. If you are completing two Provider Agreements because you provide both Primary Service Coordination and other early intervention services, enter the same Provider ID on both Agreements.

Provider Name

Enter the legal name of the entity requesting to become a First Steps provider. An entity can be either an agency or an independent provider. This is the name under which the contract will be maintained at Central Office.

National Provider Identifier

Enter the National Provider Identifier (NPI) assigned by the National Plan and Provider Enumeration System (NPPES). The NPI of the Billing Entity/Organization should be entered here. If an individual provider is enrolling, this will be the individual's NPI.

VII – Violation of Tax Employment Laws

Select the option which most accurately describes the provider's status in regard to violations of tax and employment laws.

Authorized Official (Provider) Signature

This is the signature of a person who is authorized to commit the provider and its employees to all terms and conditions of the Agreement.

Printed Name

Print the name of the Provider's authorized official who signed the form.

Title

Print the title of the Provider's authorized official.

Date

Enter the date on which the Agreement is signed by the Provider's authorized official.

Authorized Official (Cabinet) Signature

Leave blank.

Effective Date

Leave blank.

Provider Contact Person

Enter the name, title, address, phone #, FAX # and e-mail address of the person who agrees to be the central clearinghouse in the entity for all First Steps related information and is able to disseminate that information to appropriate staff in a timely manner.